

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ADZIG</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>104B HOMESTEAD DRIVE</b>		Amount <b>5585.22</b>	
City <b>FOREST</b>	State <b>VA</b>	Zip Code <b>24551-4884</b>	Transaction ID : <b>SE24.1253</b>
Purpose of Expenditure <b>PRINTING</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>3067657.73</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>1420 SPRING HILL ROAD SUITE 490</b>		Amount <b>4486.88</b>	
City <b>MC LEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1254</b>
Purpose of Expenditure <b>AGENCY FEES - CONSULTING</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>3072144.61</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>10072.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 09 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1253

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$109.51 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1254

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$87.98 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>		Amount <b>1070.90</b>
City <b>MC LEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>
Purpose of Expenditure <b>FULLFILLMENT ITEMS - CLOTHING</b>	Category/Type <b>004</b>	Transaction ID : <b>SE24.1249</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3073215.51</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>		Amount <b>90.00</b>
City <b>MC LEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>
Purpose of Expenditure <b>GRAPHICS</b>	Category/Type <b>004</b>	Transaction ID : <b>SE24.1250</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>3073305.51</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1160.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 09 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1249

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$21.00 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1250

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.76 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>		Amount <b>579.75</b>	
City <b>MC LEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1251</b>
Purpose of Expenditure <b>PRINTING</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>3073885.26</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>		Amount <b>79.00</b>	
City <b>MC LEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1252</b>
Purpose of Expenditure <b>POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>3073964.26</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>658.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 09 / 2016**

Signature

: 97 'A -G7 9 @G B9CI G'H9LH'F9 @G H98 'HC '5 'F9DCFHŽG7 <98I @ 'CF 'H9A -N5 HCB  
.

Form/Schedule: SE

Transaction ID : SE24.1251

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$11.37 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1252

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.55 has been allocated equally to each of the remaining schedule primary elections.

FEC IDENTIFICATION NUMBER ▼

C	C00569905
---	-----------

Check if ☐ 24-hour report ☒ 48-hour report  ☒ New report ☐ Amends report filed on

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

1170.00

Transaction ID : SE24.1256

Date of Disbursement or Obligation

Category/ Type	004
-------------------	-----

MM / DD / YYYY

☒ Support  
☐ Oppose

Office Sought: ☐ House District: \_\_\_\_\_  
☒ President ☐ Senate State: \_\_\_\_\_

3075134.26

Disbursement For: ☒ Primary ☐ General  
2016 ☐ Other (specify) ▶

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

12031.35

Transaction ID : SE24.1255

Date of Disbursement or Obligation

Category/ Type	004
-------------------	-----

MM / DD / YYYY

☒ Support  
☐ Oppose

Office Sought: ☐ House District: \_\_\_\_\_  
☒ President ☐ Senate State: \_\_\_\_\_

3087165.61

Disbursement For: ☒ Primary ☐ General  
2016 ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....

13201.35

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

[illegible]

(c) **TOTAL** Independent Expenditures.....

[illegible]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

*[Electronically Filed]*

Date \_\_\_\_\_

MM / DD / YYYY

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1256

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$22.94 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1255

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$235.91 has been allocated equally to each of the remaining schedule primary elections.



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 9 OF 16

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

The 2016 Committee

FEC IDENTIFICATION NUMBER ▼

C C00569905

Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y  
/ / /

Full Name of Payee

ECG DATA CENTER

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015

Mailing Address 1420 SPRING HILL ROAD

SUITE 490

Amount

830.14

City

MCLEAN

State

VA

Zip Code

22102-3028

Transaction ID : SE24.1260

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015

Purpose of Expenditure

DIRECT MAIL - LIST MAINTENANCE

Category/  
Type

004

Name of Federal Candidate

DR. BEN CARSON

☒ Support☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☒ President☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

3087995.75

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ► \_\_\_\_\_

Full Name of Payee

ECG DATA CENTER

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015

Mailing Address 1420 SPRING HILL ROAD

SUITE 490

Amount

1855.33

City

MCLEAN

State

VA

Zip Code

22102-3028

Transaction ID : SE24.1261

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015

Purpose of Expenditure

DIRECT MAIL - POSTAGE

Category/  
Type

004

Name of Federal Candidate

DR. BEN CARSON

☒ Support☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☒ President☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

3089851.08

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ► \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

2685.47

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►

(c) TOTAL Independent Expenditures..... ►

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1260

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$16.28 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1261

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$36.38 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>490 WHITE POND DRIVE</b>		Amount <b>2214.31</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44320-1122</b>	Transaction ID : <b>SE24.1246</b>
Purpose of Expenditure <b>POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>3092065.39</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>MDI IMAGING &amp; MAIL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>21955 CASCADES PARKWAY</b>		Amount <b>11500.00</b>	
City <b>DULLES</b>	State <b>VA</b>	Zip Code <b>20166-9211</b>	Transaction ID : <b>SE24.1247</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>3103565.39</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>13714.31</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 09 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1246

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$43.42 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1247

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$225.49 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>MDI IMAGING &amp; MAIL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>21955 CASCADES PARKWAY</b>		Amount <b>205.29</b>	
City <b>DULLES</b>	State <b>VA</b>	Zip Code <b>20166-9211</b>	Transaction ID : <b>SE24.1258</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>3103770.68</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>OMEGA LIST COMPANY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>1420 SPRING HILL SUITE 490</b>		Amount <b>17122.81</b>	
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1262</b>
Purpose of Expenditure <b>LIST RENTAL EXPENSES</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>3120893.49</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>17328.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 09 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1258

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$4.03 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1262

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$335.74 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OMEGA LIST COMPANY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>1420 SPRING HILL SUITE 490</b>		Amount <b>41951.41</b>	
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1263</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>3162844.90</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 05 / 2015</b>	
Mailing Address <b>6304 SHERIFF RD. STE Z</b>		Amount <b>74.80</b>	
City <b>LANDOVER</b>	State <b>MD</b>	Zip Code <b>20785-4361</b>	Transaction ID : <b>SE24.1257</b>
Purpose of Expenditure <b>DIRECT MAIL - PRINTING</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>3162919.70</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>42026.21</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 09 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1263

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$822.58 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1257

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.47 has been allocated equally to each of the remaining schedule primary elections.